

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/08/2016
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4905 MELTON RD GARY, IN 46403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 2/10/16. This visit included the PSR to the Investigation of Complaint IN00192349 completed on 2/10/16.</p> <p>Complaint IN00192349 - Corrected.</p> <p>Survey date: April 8, 2016.</p> <p>Facility number: 001140 Provider number: 001140 Aim number: N/A</p> <p>Census bed type: Residential: 118 Total: 118</p> <p>Sample: 5</p> <p>Miller Beach Terrace was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the Investigation of Complaint IN00192349.</p> <p>Quality review completed by 32883 on 4/11/16.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE